

COVE SCHOOL DISTRICT PANDEMIC PLAN



Draft: June 16, 2020

COVE SCHOOL DISTRICT 803 Main Street, Cove, OR 97824

Introduction

Seasonal Respiratory Illness and Seasonal Influenza

Seasonal Respiratory Illness

There are several viruses that routinely circulate in the community to cause upper viral respiratory illnesses. These viruses include rhinoviruses, coronaviruses, adenoviruses, enteroviruses, respiratory syncytial virus, human metapneumovirus, and parainfluenza. The “common cold” is caused by rhinoviruses, adenoviruses, and coronaviruses. The symptoms of these seasonal illnesses may vary in severity but include cough, low-grade fever, sore throat (SDDH, 2019; Weatherspoon, 2019).

Seasonal Influenza

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. Influenza can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, very young children, and people with underlying health conditions or weak immune systems, are at high risk of severe flu complications. Routine symptoms associated with flu include fever, cough, sore throat, runny nose, muscle aches, headaches, fatigue, and sometimes vomiting (CDC, 2020).

Novel, Variant and Pandemic Viruses

Novel viruses refer to those not previously identified. A novel virus may be a new strain or a strain that has not previously infected human hosts. When a virus that has historically infected animals begins to infect humans, this is referred to as a variant virus. Pandemic refers to the global circulation of a novel or variant strain of respiratory viruses. The most common viruses associated with novel and pandemic outbreaks are influenza A and human coronavirus. A flu pandemic occurs when a new virus that is different from seasonal viruses emerges and spreads quickly between people, causing illness worldwide. Most people will lack immunity to these viruses. Pandemic flu can be more severe, causing more deaths than seasonal flu. Because it is a new virus, a vaccine may not be available right away. A pandemic could, therefore, overwhelm normal operations in educational settings (CDC, 2016).

Differences between seasonal flu and pandemic flu:

Seasonal Flu	Mild to Moderate Pandemic	Severe Pandemic
THE VIRUS <ul style="list-style-type: none">Caused by influenza viruses that are closely related to viruses that have previously circulated; most people will have some immunity to it.Symptoms include fever, cough, runny nose, and muscle pain.Complications such as pneumonia are most common in the very young and very old and may result in death.Vaccine is produced each season to protect people from the three influenza strains predicted to be most likely to cause illness.	THE VIRUS <ul style="list-style-type: none">Caused by a new influenza virus that has not previously circulated among people and that can be easily spread.Because most people will have no immunity to the new virus, it will likely cause illness in high numbers of people and more severe illness and deaths than seasonal influenza.Symptoms are similar to seasonal flu, but may be more severe and have more frequent serious complications.Healthy adults may be at increased risk for serious complications.	THE VIRUS <ul style="list-style-type: none">A severe strain causes more severe illness, results in greater loss of life, and has a greater impact on society.During the peak of a severe pandemic, workplace absenteeism could reach up to 40% due to people being ill themselves or caring for family members.
IMPACT ON THE COMMUNITY <ul style="list-style-type: none">Seasonal flu kills about 36,000 Americans each year and hospitalizes more than 200,000 children and adults.	IMPACT ON THE COMMUNITY <ul style="list-style-type: none">May cause a moderate impact on society (e.g., some short-term school closings, encouragement of people who are sick to stay home).	IMPACT ON THE COMMUNITY <ul style="list-style-type: none">Schools and day care/child care facilities may be closed.Public and social gatherings will be discouraged.The patterns of daily life could be changed for some time with basic services and access to supplies possibly disrupted.

(Image: CDC)

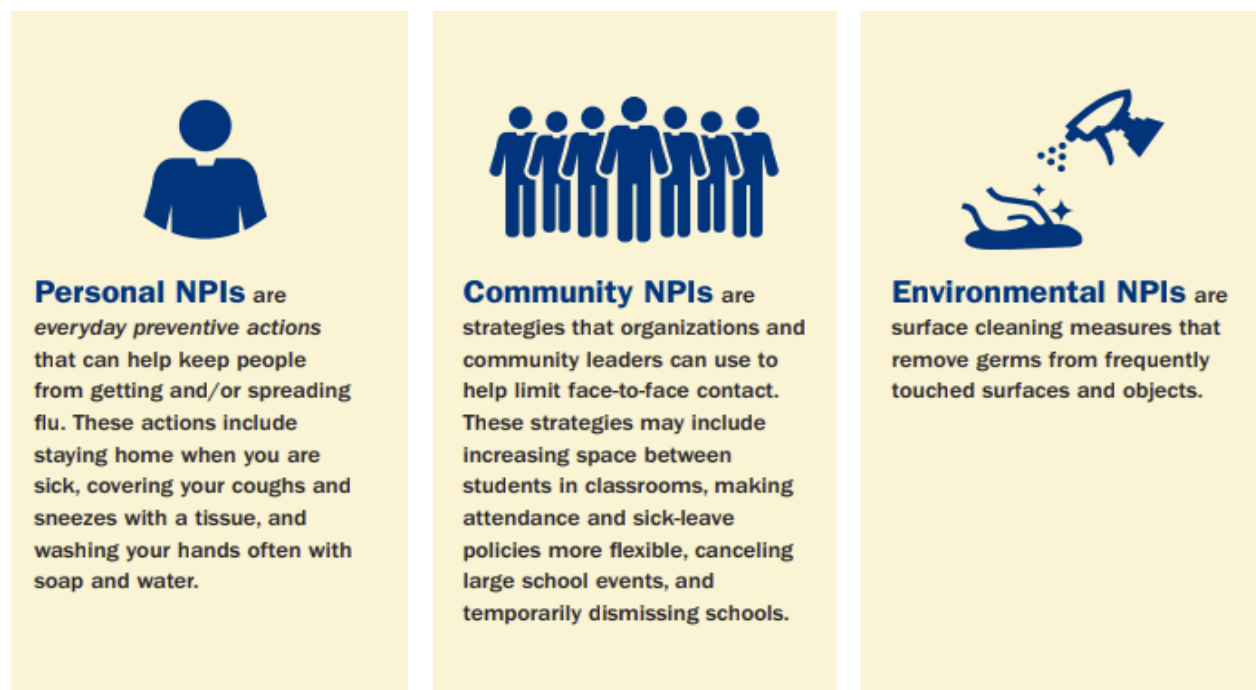
Purpose

The purpose of this document is to provide a guidance process to non-pharmaceutical interventions (NPIs) and their use during a novel viral respiratory pandemic. NPIs are actions, apart from getting vaccinated and taking antiviral medications, if applicable, that people and communities can take to help slow the spread of

respiratory illnesses such as pandemic flu or novel coronaviruses. NPI's, specifically in regards to pandemic planning, are control measures that are incrementally implemented based on the level of threat to a community. This document should be used as a contingency plan that is modified with a response planning team based on the current level of pandemic threat.

Control Measures

While prophylactic vaccine and antiviral medication are appropriate interventions in some viral respiratory conditions, specifically seasonal influenza. These are not always accessible for novel strains. Non-pharmaceutical interventions (NPI's) are essential actions that can aid in the reduction of disease transmission. It is important to note that disease that is widely spread in the community has many options for transmission beyond the school setting, and the school district can only account for NPI's in the school setting and at school-sponsored events (CDC, 2017).



(Image: CDC)

Everyday Measures

Control measures to limit the spread of communicable diseases should be an active part of the school comprehensive and preventative health services plan. Routine control measures include:

- Hand hygiene (washing your hands for 20 seconds with soap and water with appropriate friction).
- Respiratory etiquette (cover your coughs and sneezes and throw the tissue in the garbage each use)
- Routine sanitizing of shared areas and flat surfaces
- Stay home when you are sick and until 24 hours fever free, without the use of fever-reducing medication.

Control Measures for Novel or Variant Viruses

Control measures associated with novel or variant viruses are based on the severity of the specific virus. Some novel viruses are so mild they may go undetected, while others may present with more transmissibility or severity. Since new viruses have no historical context, public health guidance evolves as increased numbers of cases are identified, and patterns and risks are identified, and thus the guidance is unique to each specific event, respectively.

That being said, historical pandemic responses have provided a baseline set of evidence-based guide to create a framework for response plan for such events in the school setting.

Control measures are incremental based on the current situation. The current situation will be defined by the public health entities based on the severity, the incidence and the proximity to the school setting leading to level based responses

When cases of novel viruses are identified globally

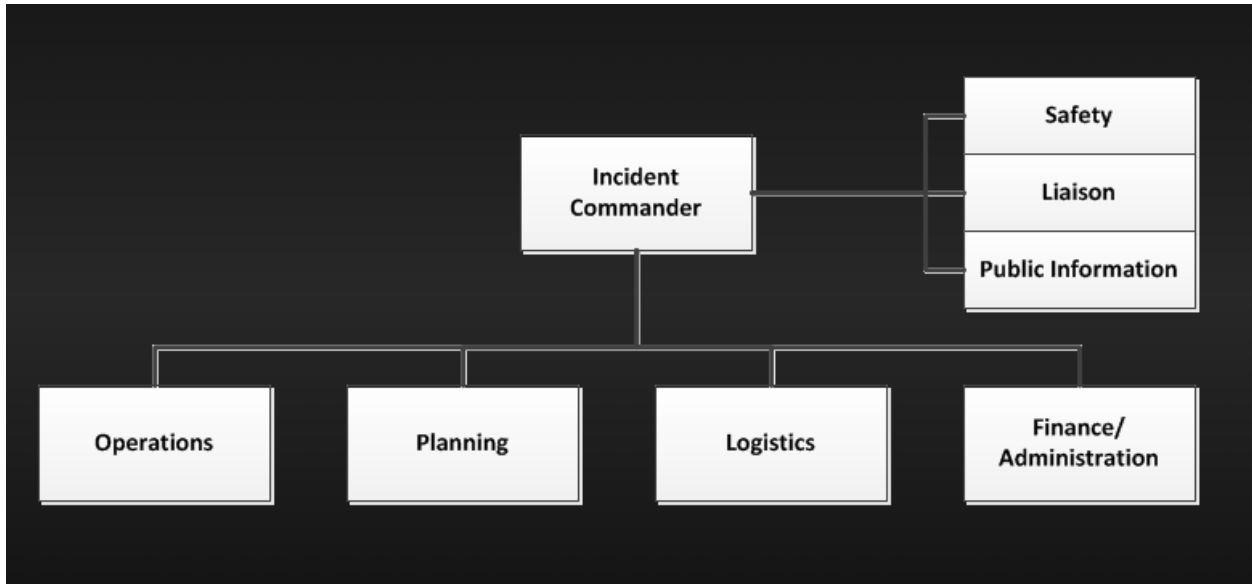
When the novel disease is identified, it is the due diligence of school health services personnel and school administration to pay close attention to trends. When a novel strain is identified, routine control and exclusion measures should continue. Other situations that may arise, including foreign travel by students or staff, which may result in extended absenteeism. In cases where student or staff travel is restricted secondary to pandemic events, it is the staff and parent’s responsibility to communicate this restriction to the school district. Routine infection control and communication should continue.

ROUTINE PRACTICES

Personal NPI’s	Community NPI’s	Environmental NPI’s	Communication
<ul style="list-style-type: none"> • Routine hand hygiene. • Respiratory Etiquette • Stay home when ill. 	<ul style="list-style-type: none"> • Routine illness exclusion (Appendix A). 	<ul style="list-style-type: none"> • Routine sanitizing. 	<ul style="list-style-type: none"> • Routine seasonal illness prevention and exclusion communication.

When cases of novel viruses are identified regionally or nationally

When the novel disease is identified in the U.S., It is important to identify the geographical location and the specific public health messaging and direction. The Centers for Disease Control and Prevention (CDC) will have current guidance. When novel viruses emerge in the state, the Oregon Health Authority (OHA) will provide direct guidance. OHA will have an alert for pandemic specific content that can be subscribed to for updates. An individual within the district should be subscribed to this alert to keep the team updated. If the region impacted is in Clackamas County, the Local Health Department (LHD) will provide school-centered communication and will potentially host conference calls. When cases are identified in the local region, a response team should be assembled within the district and responsibilities assigned within the school district. Response team should consist of individuals who can fulfill roles with expertise in district policy and administration, clinical information, human resources, building-level management, risk management, and facilities at minimum to meet the general structure of Incident Command. Due to the relative size of the District, multiple roles may be filled by an individual.



(Image: prepare.gov)

When public health has deemed a novel virus a pandemic threat, defer to the [CDC checklist for schools](#) (Appendix B) in order to establish a specific emergency response framework with key stakeholders. During this time, planning will need to be initiated on the continuity of education in the event of school closure. The response team should hold regular meetings.

Stage	Response Stage	Stages	Cove SD Pandemic Plan
0	New domestic animal outbreak in at-risk country	0-1	Preparedness
1	Suspected human outbreak overseas		
2	Confirmed human outbreak overseas		
3	Widespread human outbreaks in multiple locations overseas	2-7	Response
4	First human case in North America		
5	Spread throughout United States		
6	Suspected cases in Union County		
7	Confirmed cases in Union County		
8	Recovery & preparation for subsequent waves	8	Recovery

*Note: The Federal Government Response Stages should not be confused with the World Health Organization phases of pandemic influenza which are different and overlap.

The Cove Pandemic Plan considered:

School and District Impact and Issues

- Potential for school closings
- Large numbers of staff absent, difficult to maintain school operations
- Loss of services from suppliers (e.g. food services and transportation)
- Student absenteeism elevated above normal trends
- Parents who choose to keep children at home
- Loss of ability to continue operations in support departments

Community Impacts

- Large percentages of the population may be unable to work for days to weeks during the pandemic
- Significant numbers of people and expertise would be unavailable
- Emergency and essential services such as fire, police, and medical would be diminished
- School operations could be affected
- Financial and social impacts of prolonged schools' closures
- Methods of continued instruction should schools' close

Basic Goals in Pandemic Planning

- Limit illness, the spread of illness, and emotional trauma
- Preserve continuity of essential functions
- Minimize social and educational disruption
- Minimize instructional loss

Access Control

- Follow visitor and volunteer policies that enables school administrators to control access to the buildings.
- Each school should have a plan to lock out certain entrances and exits and to monitor others, if necessary.
- Identify a main entrance and an indoor screening area where students and staff will be screened prior to moving to classrooms or other areas of the building for each school.

Federal, State, local, tribal, and territorial laws, regulations, and policies regarding student dismissal from schools, school closures, funding mechanisms, and educational requirements should be considered in pandemic planning.

Preparedness (Response Stages 0-2)

Action Steps:

1. Identify a staff person to be responsible for surveillance and infection control.
2. Increase emphasis on good health habits to stop transmission, especially handwashing, respiratory etiquette, and avoiding touching the eyes, nose, and mouth.
 - a. Make soap dispensers or hand soap available in all employee and student restrooms.
 - b. Custodial staff will institute a schedule to ensure that soap dispensers are refilled regularly.
 - c. Provide education to employees, students and parents on hand hygiene, respiratory etiquette, avoiding touching the eyes, nose, and mouth.
 - d. Assure that employees, students and visitors can wash their hands when entering and leaving the facility.
3. Emphasize frequent cleaning and disinfection of high touch areas, i.e., door knobs, keys, telephones, etc.
 - a. Remind staff annually of opportunity to replace classroom/office cleaning bottle and microfiber towel.
4. Identify resources for influenza surveillance and control.
 - a. Track international, national, regional, and local trends, utilizing the local health department resources.
 - b. Identify public health department contacts (including 24/7 contact information – See Appendix).
 - c. Communicate with your local health department and discuss collaboration on pandemic preparedness.
 - d. Identify any local or state reporting requirements for pandemic.
5. Begin tracking and reporting trends by conducting surveillance.
6. Establish procedures for screening to be utilized with pandemic.
7. Identify administrative measures to accomplish “social distancing.”
8. Identify areas within the school facility that can be used for isolation and quarantine.
9. Provide routine training about transmission and prevention and control measures.
10. Conduct or participate in mock exercises related to surveillance and infection control in pandemic.

Preparedness Phase Standard Operating Procedures

Communication Department
Distribute communication on hand washing and infection control to schools, facilities and on school and district websites.
Provide information to schools, parents, and staff about how to stop the spread of flu and cold, cough and sneeze etiquette, signs and symptoms of influenza.
Provide information to staff and parents on emergency readiness (2-week plan).
Encourage parents to have alternative child-care plans.

Human Resources Department
Coordinate multiple flu shot clinics across the district and share dates and times with staff.
Review staff contracts and Board policy regarding staff reporting expectations.
Encourage staff to have alternative child-care plans.

School Nurses

Provide information to staff and parents on pandemic planning for families.

Provide information to schools, parents, and staff about hand sanitizers, cough and sneeze etiquette, signs and symptoms of influenza.

Develop and maintain absenteeism tracking tools.

Nurses should check their district issued first aid kits for personal protective equipment.

Technology Department

Develop and maintain system for reporting daily attendance by school and district wide.

Develop and maintain tool for tracking annual average daily attendance for schools and district.

Teaching and Learning and Information Technology

Develop and share alternative delivery options:

Online learning resources

Virtual assignments

Develop a plan for continuation of education.

Custodial Services

Ensure custodial staff has appropriate plan for proper cleaning and disinfecting teaching, learning, shared spaces and play areas.

Ensure schools and departments have adequate supplies (soaps, bottles, microfiber cloths, hand sanitizers, and paper towels).

Central Office

Provide information to schools, parents, and staff about hand sanitizers, cough and sneeze etiquette, signs and symptoms of influenza.

Ensure custodial staff has appropriate training on proper cleaning and disinfecting work and play areas.

Ensure schools and departments have adequate supplies (soaps, hand sanitizers, and paper towels).

Establish and test emergency communication protocol, including an internal communication staff tree.

Provide information to staff and parents on pandemic planning for families.

Develop Incident Command Center protocol, location, equipment and assign staff.

Develop plans for operating with staff workforce reduction.

Develop plans to secure buildings, information technology, and finance.

Encourage employees to use Direct Deposit.

Encourage parents to have alternative child care plans.

Develop plans for educational continuity if schools close.

Find out if vendors in the supply chain have a pandemic or emergency plan for continuity or recovery of supply deliveries.

Plan for a full school closure or a partial school closure (i.e., some but not all schools are closed, or students are dismissed but staff works with local agencies to assist families).

Develop Human Resources employee emergency contact lists and reciprocal contact procedures; Human Resources should conduct a study of critical infrastructure staff with young children (because they are more likely to remain home during a widespread illness event) to determine if redundancy

plans are necessary; develop a Fitness for Duty checklist to determine if an employee is ready to return to work and under what conditions.
Local school superintendent should establish a command structure in the event that he or she is unable to continue work during the pandemic event or is unable to return to work during the recovery phase; develop central office teleconferencing protocol in the event that schools are closed.
Develop plans to conduct table-top exercises to practice and refine pandemic plan.
Apply all plans and procedures to after-school programs.

Response (Response Stages 2-7)

Begin when there are confirmed human outbreaks of a pandemic anywhere in the world:

1. Reinforce education regarding influenza infection control. Emphasize triad of good health habits: hand hygiene, respiratory etiquette, and not touching the eyes, nose and mouth.
2. Increase environmental cleaning of “high touch” surfaces, e.g., door knobs, keys, telephones.
3. Educate employees and visitors not to come to the facility if they have influenza-like symptoms.
4. Assess adequacy of infection-control supplies and review distribution plan.
5. Initiate screening for influenza-like illness at front desk and nurses’ offices.
6. Conduct active surveillance to look for influenza cases (i.e., review temperature logs, triage/sick call, hospitalizations, staff absences, unexplained deaths, etc.). Interview influenza-like illness cases for pandemic risk factors.
7. Review possible measures to increase “social distancing.”
8. Review/revise the list of designated influenza isolation and quarantine rooms.
9. Begin reviewing workforce reduction plan.
10. Begin reviewing distance learning plan.
11. Begin reviewing substitute teacher pool list.

Response Phase Standard Operating Procedure for pandemic outbreak

This Phase calls for activation of the Incident Command Structure (to include the Incident Command Center) and pre-stage 24/7 manning of Center; bring in extra phones (and cell phones) and computers; meet with Incident Command Center staff to prepare for rapid escalation of outbreak to North America; remind staff of roles and responsibilities and importance of access at any time. Also, activate daily direct link to local health department and, if possible, to the State Emergency Operations Center and/or State Health Division via local agencies.

Central Office
Conduct meeting/briefing with Incident Command Center staff to pre-stage full activation of Center.
Maintain daily link to local health department and, if possible, to the State Emergency Operations Center and/or State Health Division via local agencies.
Prepare for conference call from the State School Superintendent and/or staff.
Human Resources reports to the Incident Command Center when any school, service, or support absences escalate.
Pre-stage partial closure (student dismissal) and full closure.
Provide ongoing communication to key staff on their roles and responsibilities.
Alert all principals of Response Plan Activation and remind them that the Event Level may escalate rapidly to the next Level or Levels.
Monitor student and staff attendance daily as needed.

Do not enroll any students without appropriate immunization records, based on immunization and other health guidelines provided by the local health department, the Oregon Division of Public Health and/or the United States Department of Health and Human Services.
Develop continuous direct link to local health department; make plans with the local health department to establish daily communications if a widespread outbreak occurs overseas.
Activate procedures to isolate students and staff that present influenza-like symptoms; encourage parents to keep their children at home if they have influenza-like symptoms and to let the school know about their child's symptoms; encourage staff to remain at home if they have influenza-like symptoms and to report these symptoms to the school.
Remind staff, students, and parents of good hygiene practices.
Ensure that all out-of-country field trips have been cancelled or called back to the district.
Review all out-of-state (in-country) field trips and be prepared to cancel all out-of-state field trips.
Apply all procedures to after-school programs.
Pre-stage Crisis Management Team to discuss updated pandemic information and possible timeline for activation of the Team (or teams.).
Prohibit congregation in hall ways and lunchrooms; if possible, serve box lunches in classrooms to avoid gathering of students in the cafeteria; stagger class changes to avoid large groups of students in the hallway; stagger dismissal for the same reason; cancel gym class, choir or other school activities that place individuals in close proximity.

School Front Office
Monitor student and staff attendance daily.
Do not enroll any students without appropriate immunization records, based on immunization and other health guidelines provided by the local health department, the Union Division of Public Health and/or the United States Department of Health and Human Services.
Do not allow students or staff into school who are presenting influenza-like symptoms; monitor students and staff closely for influenza-like symptoms.
Restrict school visitors to parents and vendors; be alert to parents or vendors with influenza-like symptoms.

Teachers
Do not allow students or staff into school who are presenting influenza-like symptoms; monitor students and staff closely for influenza-like symptoms.
Restrict school visitors to parents and vendors; be alert to parents or vendors with influenza-like symptoms.
Prohibit congregation in hall ways and lunchrooms; if possible, serve box lunches in classrooms to avoid gathering of students in the cafeteria; stagger class changes to avoid large groups of students in the hallway; stagger dismissal for the same reason; cancel gym class, choir or other school activities that place individuals in close proximity.
Separate student desks as much as possible.
Regularly wipe down high touch areas including desks, door knobs, counter tops, etc. with school supplied microfiber cloth and spray.

School Based Administration
Do not enroll any students without appropriate immunization records, based on immunization and other health guidelines provided by the local health department, the Union Division of Public Health and/or the United States Department of Health and Human Services.
Isolate and send home staff or students with influenza-like symptoms, utilizing supervised isolation areas in the school; access to this room should be strictly limited and monitored (i.e., parents picking up their ill children should be escorted to and from the isolation area); a carefully monitored student checkout system should be activated.

Communications Department

Keep staff and parents current with updates through communication channels; make certain that health-related information and pandemic updates have been verified for accuracy by the local health department.

Keep relevant groups informed (as appropriate) through e-mails, newsletters, fact sheets, social media, text alerts, on-demand phone system, and websites.

Meet with hot-line information staff to review possible activation of the hot-line information based on events occurring overseas at this time.

Expand hotline staff and update hotline information, website information, and provide media updates; provide updates from public health department, from the district superintendent, and, if necessary, from local law enforcement and public utilities and services; encourage parents to keep ill children at home and encourage ill staff to remain at home.

School Nurses

Maintain infection control precautionary measures.

Continue surveillance of staff, students, school visitors, and other personnel to help the local health department to monitor influenza-like symptoms; it would be helpful to local health departments if these reports at this level could be provided on a daily basis.

Continue surveillance of staff, students, school visitors, and other personnel to help the local health department to monitor influenza-like symptoms; it would be helpful to local health departments if these reports at this level could be provided on a daily basis.

Activate procedures to isolate students and staff that present influenza-like symptoms; encourage parents to keep their children at home if they have symptoms and to let the school know about their child's symptoms; encourage staff to remain at home if they have influenza-like symptoms and to report these symptoms to the school.

Continue surveillance of staff, students, school visitors, and other personnel to help the local health department to monitor influenza-like symptoms; it would be helpful to local health departments if these reports at this level could be provided on a daily basis.

Health Services Supervisor, not individual nurses, will serve as direct link to local health department or Incident Command staff. Nurses should channel questions to the Health Services Supervisor or designee.

If a person warrants medical evaluation, health services staff should alert the appropriate medical resources (i.e., public health) that a suspect case needs evaluation so that the referral center can make arrangements for a health assessment.

Transportation

Sanitize schools and buses daily, or as per local health department guidelines; implement sanitizing verification process.

Monitor students getting off buses and out of vehicles for signs of influenza-like symptoms; do not accept students or staff with influenza-like symptoms, or quickly isolate students and staff with influenza-like symptoms.

Custodial Services

Ensure that sanitation procedures are in conjunction with public health advisories.

Expand school cleaning routines by custodial staff.

Disinfect all work areas, counters, restrooms, door knobs, and stair railings several times daily; use other staff to assist, if necessary (specialized cleaning solutions are not essential; standard cleaning products can disinfect surfaces; the frequency of cleaning is most important).

The school health office and holding areas for ill children and staff should be cleaned several times each day.

Maintenance/Facilities

During the day, where operationally possible, increase ventilation to the facility to decrease spread of disease. Following each school day, the school should be thoroughly ventilated and cleaned: opening all doors and windows or turning the air conditioning/heating systems up.

Campus Safety/Security

Provide security to limit access to the school building; persons presenting influenza-like symptoms will not be allowed into the building; if a parent is at school to pick up his or her child before normal dismissal, the student will be brought to the parent outside the building; each person cleared to enter the building will be given something to indicate that they are free to enter the building (e.g. a sticker, a card, a stamp on their hand).

If a person warrants medical evaluation, notify health services staff.

Begin after a suspected pandemic case is diagnosed in Union County:

1. Immediately isolate (or cohort) staff or students with influenza-like illness.
 - a. Reinforce staff education on infection control procedures when caring for flu patients.
 - b. Ensure adequate infection-control supplies and personal protective equipment is available.
2. Perform triage to rapidly identify students with influenza-like symptoms and implement procedures for separating the sick from the well.
3. Conduct contact investigations of the initial cases that have been identified, and quarantine contacts according to public health guidelines.

Note: contact investigations and quarantine may be inappropriate and abandoned as a strategy if there are multiple pandemic cases in multiple classrooms.
4. Implement measures to increase social distancing (including school closure, if necessary).
5. Continue staff, parent and student training on infection control.
6. Monitor adherence to infection control guidelines.
7. Contact Human Resources and coordinate social distancing, workforce limitations issues, health insurance issues and any other pertinent issues.

Response Phase Standard Operating Procedure of Outbreak

Based on a decision by the Cove School Board in consultation with local or state public health authorities, the superintendent orders a **partial** closure of schools or activities.

OR

Based on a decision by the Cove School Board in consultation with local or state public health authorities, the superintendent closes **all** school building units and other department building units of the school district; the closure applies to all after-school programs.

School Nurses

If a person warrants medical evaluation, health services staff should alert the appropriate medical resources (i.e., public health) that a suspect case needs evaluation so that the referral center can make arrangements for a health assessment.

Central Office

Confirm closure with the Oregon Department of Education.

Inform the public and school district employees using appropriate communication channels; coordinate news release with public health and the Oregon Department of Education.

If possible, maintain Incident Command Center operations and essential services; if not possible, central office staff should maintain telephone contact on a regular basis with the superintendent, such as daily conference calls.

Maintain communications with the local health department through superintendent and/or designated staff.
Determine Essential Personnel.
Activate Educational Continuity Plan.
Cancel all extra-curricular activities.

Mental Health
When possible, collaborate with local agencies to assist families.

Teachers
Refer to Educational Continuity Plan.

Custodial Services
Communicate with Central Office about staffing needs.

Food Service
All perishable food items should be disposed of unless the cafeteria remains open.
Communicate with Central Office about staffing needs.

Maintenance/Facilities
Assist campus safety personnel in securing all buildings.
During the day, where operationally possible, increase ventilation to the facility to decrease spread of disease.
Following each school day, the school should be thoroughly ventilated and cleaned: opening all doors and windows or turning the air conditioning/heating systems up.
Communicate with Central Office about staffing needs.

Communications Department
Inform the public and school district employees using appropriate communication channels; coordinate news release with public health and the IMESD.
Communicate with Central Office about staffing needs.

Campus Safety/Security
Secure all buildings.
Check all buildings and establish periodic patrols during the school closure period.
Check all alarm and surveillance systems.
Communicate with Central Office about staffing needs.

Transportation
Secure all school buses and service vehicles.
Communicate with Central Office about staffing needs.

Information Technology
Secure information technology system and integrity.
Communicate with Central Office about staffing needs.

Recovery (Response Stage 8)

Previous pandemics have been associated with subsequent “waves” of influenza-like illnesses after an initial wave resolve. After an initial pandemic outbreak, subsequent outbreaks are likely. The recovery period will involve both recovering from the pandemic emergency, evaluating the response to it and preparing for subsequent waves of pandemic flu.

1. Maintain surveillance for influenza-like symptoms (to detect subsequent waves of pandemic influenza).
2. Maintain communication with local public health officials.
3. Evaluate the effectiveness of surveillance and infection-control measures during the pandemic flu and summarize observations.
4. Evaluate the adequacy of infection control supplies and the need for restocking.
5. Restock infection control supplies.
6. Revise plan if necessary.

Recovery Phase Standard Operating Procedures

Based on communication with public health and local board of education authorization to start the process of recovery, the school district will begin the initial stages of preparations for the re-opening of schools.

Central Office
Re-establish Incident Command Center as soon as possible.
Human Resources will begin the process of compiling communication to indicate which staff members are ready to return to work, OR establish an Employee Hotline Phone Bank so employees can call in status (name; position; work location; health status; return to work date); use a pre-determined Fitness for Duty checklist to determine if an employee is ready to return to work and under what conditions.
Human Resources will develop a status report for each staff category by school and department: teachers, administrators, custodians, bus drivers, etc.
Survey supply vendors to determine when supply chain and delivery system will be partially or fully operational; provide vendors with supply needs.
Finance department determines process for fast-tracking purchase orders for essential supplies.
Establish a timeline and staffing threshold for opening schools and other buildings for staff, based on reports from Human Resources, building and bus inspections, and the local health department; determine which schools can open and if temporary consolidation of schools is appropriate. Include other agencies in the discussion about re-opening schools, public health, mental health, Fire Marshal, law enforcement, public transportation, etc.
Begin discussions on restructuring and resuming extra-curricular activities and after-school programs.
Opening of schools should be monitored closely by Command Center staff.
Daily reports of staff and student attendance should be closely monitored.
A mental health status report, based on guidelines provided by the counselors and the Crisis Management Team, should be provided to the Command Center each day. This report should include the mental status of students and staff in order to determine if additional mental health services are needed.
Develop an instructional reconstruction checklist (base on the length of school closure; if short-term, the checklist should be focused on make-up work and reorganizing the instructional calendar, benchmarks, testing, etc.; if the closure was long-term, the checklist may require restructuring of the current and following school year instructional and operational calendar and events) to guide staff, students, and parents when school reopens. The

checklist should include anticipated instructional materials and supplies, as well as possible waivers from the Oregon Department of Education.

Do not enroll new students without immunization records or approval from the local health department, based on immunization and other health guidelines provided by the local health department, the Oregon Division of Public Health and/or the United States Department of Health and Human Services.

When schools re-open, many students may need homebound instruction.

Teachers

When schools re-open activate social distancing strategies (to minimize possible infection spread):

- Gatherings of groups larger than normal class size should be cancelled and avoided (e.g. assemblies, recess).
- Student distance spacing strategies to decrease contact with students who may be infected but not exhibiting symptoms.
- Separate student desks as much as possible.
- Prohibit congregation in hall ways and lunchrooms; if possible, serve box lunches in classrooms to avoid gathering of students in the cafeteria; stagger class changes to avoid large groups of students in the hallway; stagger dismissal for the same reason; cancel gym class, choir or other school activities that place individuals in close proximity.

Mental Health

When possible, the Crisis Management Team staff will meet to activate the mental health plan for students and staff, in conjunction with local mental health services staff, including Post-Traumatic Stress Syndrome counseling.

Post information on school district website for parents regarding helping children cope with tragedies (i.e., Teaching Children How to Respond to Tragedies from the National Association of School Psychologists).

Maintenance/Facilities

Inspect all buildings, facilities, equipment, materials, etc. and determine status and needs for operations. Maintain a status update for facilities not ready for occupancy.

Inspect all school cafeterias with the assistance of the local health department.

Expand school cleaning routines by maintenance staff.

- Disinfect all work areas, counters, restrooms, door knobs, and stair railings several times daily; use other staff to assist, if necessary (specialized cleaning solutions are not essential; standard cleaning products can disinfect surfaces; the frequency of cleaning is most important).
- HVAC conditioning system filters should be cleaned and changed.
- The school should be thoroughly ventilated and cleaned: opening all doors and windows or turning the air conditioning/heating systems up.

Transportation

Inspect all buses.

Information Technology

Determine information technology status and operational needs; this will also be related to financial technology.

Front Office Personnel

Provide daily reports of staff and student attendance to Command Center.

School Nurses

Maintain unified command role with Command Staff

Compile daily health reports for the Command Center.

Work with Command Staff to develop an instructional reconstruction checklist (base on the length of school closure; if short-term, the checklist should be focused on make-up work and reorganizing the instructional calendar, benchmarks, testing, etc.; if the closure was long-term, the checklist may require restructuring of the current and following school year instructional and operational calendar and events) to guide staff, students, and parents when school reopens. The checklist should include anticipated instructional materials and supplies, as well as possible waivers from the Oregon Department of Education.

Do not enroll new students without immunization records or approval from the local health department, based on immunization and other health guidelines provided by the local health department, the Union County Division of Public Health and/or the United States Department of Health and Human Services.

Food Service Personnel

Inspect all school cafeterias with the assistance of the local health department.

Custodial Services

Expand school cleaning routines by maintenance staff.

- Disinfect all work areas, counters, restrooms, door knobs, and stair railings several times daily; use other staff to assist, if necessary (specialized cleaning solutions are not essential; standard cleaning products can disinfect surfaces; the frequency of cleaning is most important).
- Air conditioning system filters should be cleaned and changed.
- The school should be thoroughly ventilated and cleaned: opening all doors and windows or turning the air conditioning/heating systems up.

Inspect all school cafeterias with the assistance of the local health department in conjunction with Food Service personnel.

School Based Administration

When schools re-open activate social distancing strategies (to minimize possible infection spread):

- Gatherings of groups larger than normal class size should be cancelled and avoided (e.g. assemblies, recess).
- Student distance spacing strategies to decrease contact with students who may be infected but not exhibiting symptoms.
- Separate student desks as much as possible
- Prohibit congregation in hall ways and lunchrooms; if possible, serve box lunches in classrooms to avoid gathering of students in the cafeteria; stagger class changes to avoid large groups of students in the hallway; stagger dismissal for the same reason; cancel gym class, choir or other school activities that place individuals in close proximity.

Communication Department

Share timeline for opening with news media and place recording on school district main phone line; also add to school district website. *Some schools may remain closed until facility and/or staffing requirements are met.

Re-activate information hot-line as soon as possible.

Post information on school district website for parents regarding helping children cope with tragedies (i.e., Teaching Children How to Respond to Tragedies from the National Association of School Psychologists).

A mental health status report, based on guidelines provided by the counselors and the Crisis Management Team, should be provided to the Command Center each day. This report should include the mental status of students and staff in order to determine if additional mental health services are needed.

According to experts, in the most severe pandemic, the duration of these public health measures could be weeks to months, which would have educational implications for students. Planning now for a prolonged period of student dismissal will allow Cove School District to be prepared as much as possible to provide opportunities for continued instruction and other assistance to students and staff.

If students are dismissed from school but schools remain open, school- and education-related assets, including school buildings, school kitchens, school buses, and staff, may continue to remain operational and potentially be of value to the community in many other ways. In addition, faculty and staff may be able to continue to provide lessons and other services to students by television, radio, mail, Internet, telephone, or other media.

Continued instruction is not only important for maintaining learning but also serves as a strategy to engage students in a constructive activity during the time that they are being asked to remain at home.

Finally, be prepared to activate the school district's crisis management plan for pandemic influenza that links the district's incident command system with the local and/or State health department/emergency management system's incident command system(s).



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SCHOOL DISTRICT (K-12) PANDEMIC INFLUENZA PLANNING CHECKLIST



Local educational agencies (LEAs) play an integral role in protecting the health and safety of their district's staff, students and their families. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist to assist LEAs in developing and/or improving plans to prepare for and respond to an influenza pandemic.

Building a strong relationship with the local health department is critical for developing a meaningful plan. The key planning activities in this checklist build upon existing contingency plans recommended for school districts by the U.S. Department of Education (Practical Information on Crisis Planning: A Guide For Schools and Communities <http://www.ed.gov/admins/lead/safety/emergencyplan/crisisplanning.pdf>).

Further information on pandemic influenza can be found at www.pandemicflu.gov.

1. Planning and Coordination:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify the authority responsible for declaring a public health emergency at the state and local levels and for officially activating the district's pandemic influenza response plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify for all stakeholders the legal authorities responsible for executing the community operational plan, especially those authorities responsible for case identification, isolation, quarantine, movement restriction, healthcare services, emergency care, and mutual aid.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As part of the district's crisis management plan, address pandemic influenza preparedness, involving all relevant stakeholders in the district (e.g., lead emergency response agency, district administrators, local public health representatives, school health and mental health professionals, teachers, food services director, and parent representatives). This committee is accountable for articulating strategic priorities and overseeing the development of the district's operational pandemic plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with local and/or state health departments and other community partners to establish organizational structures, such as the Incident Command System, to manage the execution of the district's pandemic flu plan. An Incident Command System, or ICS, is a standardized organization structure that establishes a line of authority and common terminology and procedures to be followed in response to an incident. Ensure compatibility between the district's established ICS and the local/state health department's and state education department's ICS.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delineate accountability and responsibility as well as resources for key stakeholders engaged in planning and executing specific components of the operational plan. Assure that the plan includes timelines, deliverables, and performance measures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with your local and/or state health department and state education agencies to coordinate with their pandemic plans. Assure that pandemic planning is coordinated with the community's pandemic plan as well as the state department of education's plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Test the linkages between the district's Incident Command System and the local/state health department's and state education department's Incident Command System.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contribute to the local health department's operational plan for surge capacity of healthcare and other services to meet the needs of the community (e.g., schools designated as contingency hospitals, schools feeding vulnerable populations, community utilizing LEA's healthcare and mental health staff). In an affected community, at least two pandemic disease waves (about 6-8 weeks each) are likely over several months.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incorporate into the pandemic influenza plan the requirements of students with special needs (e.g., low income students who rely on the school food service for daily meals), those in special facilities (e.g., juvenile justice facilities) as well as those who do not speak English as their first language.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participate in exercises of the community's pandemic plan.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with the local health department to address provision of psychosocial support services for the staff, students and their families during and after a pandemic.

1. Planning and Coordination (cont.):

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider developing in concert with the local health department a surveillance system that would alert the local health department to a substantial increase in absenteeism among students.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Implement an exercise/drill to test your pandemic plan and revise it periodically.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Share what you have learned from developing your preparedness and response plan with other LEAs as well as private schools within the community to improve community response efforts.

2. Continuity of Student Learning and Core Operations:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop scenarios describing the potential impact of a pandemic on student learning (e.g., student and staff absences), school closings, and extracurricular activities based on having various levels of illness among students and staff.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop alternative procedures to assure continuity of instruction (e.g., web-based distance instruction, telephone trees, mailed lessons and assignments, instruction via local radio or television stations) in the event of district school closures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop a continuity of operations plan for essential central office functions including payroll and ongoing communication with students and parents.

3. Infection Control Policies and Procedures:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work with the local health department to implement effective infection prevention policies and procedures that help limit the spread of influenza at schools in the district (e.g. promotion of hand hygiene, cough/sneeze etiquette). Make good hygiene a habit now in order to help protect children from many infectious diseases such as flu.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide sufficient and accessible infection prevention supplies, such as soap, alcohol-based/waterless hand hygiene products (containing at least 60% alcohol), tissues, and receptacles for their disposal.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies and procedures for students and staff sick leave absences unique to a pandemic influenza (e.g., non-punitive, liberal leave).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish sick leave policies for staff and students suspected to be ill or who become ill at school. Staff and students with known or suspected pandemic influenza should not remain at school and should return only after their symptoms resolve and they are physically ready to return to school.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish policies for transporting ill students.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assure that the LEA pandemic plan for school-based health facilities conforms to those recommended for health care settings (Refer to www.hhs.gov/pandemicflu/plan).

4. Communications Planning:

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assess readiness to meet communication needs in preparation for an influenza pandemic, including regular review, testing, and updating of communication plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop a dissemination plan for communication with staff, students, and families, including lead spokespersons and links to other communication networks.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ensure language, culture and reading level appropriateness in communications by including community leaders representing different language and/or ethnic groups on the planning committee, asking for their participation both in document planning and the dissemination of public health messages within their communities.

4. Communications Planning (cont.):

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop and test platforms (e.g., hotlines, telephone trees, dedicated websites, and local radio or TV stations) for communicating pandemic status and actions to school district staff, students, and families.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Develop and maintain up-to-date communications contacts of key public health and education stakeholders and use the network to provide regular updates as the influenza pandemic unfolds.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assure the provision of redundant communication systems/channels that allow for the expedited transmission and receipt of information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advise district staff, students and families where to find up-to-date and reliable pandemic information from federal, state and local public health sources.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disseminate information about the LEA's pandemic influenza preparedness and response plan (e.g., continuity of instruction, community containment measures).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disseminate information from public health sources covering routine infection control (e.g., hand hygiene, cough/sneeze etiquette), pandemic influenza fundamentals (e.g., signs and symptoms of influenza, modes of transmission) as well as personal and family protection and response strategies (e.g., guidance for the at-home care of ill students and family members).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticipate the potential fear and anxiety of staff, students, and families as a result of rumors and misinformation and plan communications accordingly.

